Office of the Controller · 42 West Madison, 2nd Floor · Chicago, Illinois 60602-4413
Telephone: 773-553-2766 · Fax: 773-553-2704

CPS INTERNAL ACCOUNTS VENDOR REQUEST FORM

Please complete the entire form and submit via fax to 773-553-2704. Incomplete forms will not be processed. Remember to attach the W-9 for all new requests.

SECTION 1 – TYPE OF REQUEST

- ☐ New (W-9 form attached)
- ☐ Change of Address
- ☐ Change of Contact Person/Information
- ☐ Change of TIN (W-9 and explanation of change that includes the old and new TIN)

SECTION 2 - VENDOR INFORMATION

Legal Business or Individual Name (must match W-9)

Doing Business As (if different than above)

Taxpayer Identification:

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

Employer Identification Number ☐☐ - ☐☐☐☐☐☐☐

Business Address

City	State	Zip

Remit to Address (if different than business address above)

City	State	Zip

Contact Information

Name	
Phone	Fax
Email	
Website	

SECTION 3 – TYPE OF VENDOR

- ☐ Sports Official
- ☐ LSC Election Judge
- ☐ Other Individuals
- ☐ Company/Organization

Type of Services / Products

CPS Board Approved Vendor

Vendor #	Strategic Source Vendor :	☐ Yes	☐ No

SECTION 4 – NOTES

SECTION 5 – SIGN AND DATE

Print Name	Date
Signature	